

Title II of the CARE Act provides grants to all 50 States, territories and jurisdictions for HIV care and services including outpatient medical care, medications, dental care, mental health, substance abuse, case management, transportation, and other core and supportive services. Funding is provided to the States or Territories (grantees) in four ways: The Title II Base Award for HIV Care and Services, AIDS Drug Assistance Program (ADAP) funding, grants to Emerging Communities (EC) (those communities that have fewer than 2000 cases of AIDS, but greater than 500 cases), and Minority AIDS Initiative (MAI) Funding. In Arizona, Tucson was an Emerging Community for FY2005, but not for FY2006. The EC status was reinstated due to an increase in AIDS cases reported for FY2005.

Title II is administered by the Health Resources and Services Administration, Division of Service Systems (DSS), HIV/AIDS Bureau.

The Ryan White Title II HIV Care and Services program is housed in the same office as the State HIV/AIDS Prevention Program. Program staff and program managers regularly collaborate on joint projects and programs. For example, the ADHS program manager for HIV Care and Services often attends quarterly PPGA meetings to update the group on the status of the Arizona AIDS Drug Assistance Program (ADAP) as well as care and services issues throughout the state. ADHS prevention staff members attend the merged planning group and care and services meetings conducted by the Northern Arizona HIV/AIDS Forum. Many members in frontier areas are involved in both HIV care and services and prevention programs.

In the rural areas of Arizona, where manpower is limited, very often the same agency and staff who are responsible for HIV prevention services also provide HIV care and services under Ryan White Title II. County health department staff located in rural areas of the state are contractually responsible to provide the entire range of HIV services within their geographic areas, including HIV counseling and testing, health education, and risk reduction services.

The Prevention Planning Group of Arizona (PPGA) (formerly the Statewide HIV Prevention Advisory Group) also fosters increased coordination with other planning activities, especially Ryan White CARE Act Title I and Title II programs.

Geographic planning is of the utmost importance in Arizona due to the large rural areas of the state and its limited resources, as well as the 47% estimate of unmet need. Persons living with HIV in rural areas of the state are more likely to experience problems with access to HIV care and services, some of which are less likely to occur in an urban setting. These include such factors as transportation availability, cost, and distance, as well as concerns about confidentiality inherent to small communities. Because of these barriers, ADHS makes rural populations a top service priority. There is an unmet primary care and dental care need in each rural county, demonstrated by the numbers of rural people living with HIV/AIDS who seek care in metropolitan areas. In each of these rural counties, there are primary care physicians available and willing to treat people living with HIV/AIDS. However, many of these physicians lack fundamental knowledge of HIV disease, or lack the experience necessary to treat specific conditions related to HIV disease. An assessment of the existing services

available indicates that the most pressing needs are education of primary care physicians, necessity of client confidentiality, and early intervention services. Clients will access as many services as are provided.

Local consortia can continue to be empowered to assess needs and gaps in service, to identify early entry points into the care system, to provide quality referrals, appropriate professional medical education through the Arizona AIDS Education and Training Center (AzaETC), and explore additional resources for people living with HIV/AIDS in their areas, thereby decreasing their barriers to care, and strengthening the public health infrastructure. This is consistent with Healthy People 2010 goal 13-13, "Increase the proportion of HIV-infected adolescents and adults who receive testing, treatment, and prophylaxis consistent with current Public Health Service treatment guidelines."

Contractors have established appropriate relationships to facilitate early intervention for newly diagnosed individuals and for those that know their status but are not in care. Title II contractors are providing services in smaller urban areas (Tucson, for example), small towns, and rural areas of the state. This, in itself, facilitates relationships for newly diagnosed clients and clients not in care due to the limited number of HIV providers, health care providers, social service agencies, treatment centers, and community based organizations. Very often in rural areas, HIV services are either not available, or available on a limited basis. Many times, clients need to be transported to more urban areas in order to receive specific services in order to decrease their barriers to care and improve their quality of care. Providers develop communication networks and referral systems in order to provide many HIV health and medical services.

Decisions regarding Arizona's Title II programs, including ADAP, are made in concert with the Title II Statewide Advisory Council. The Advisory Council is composed of approximately 50 members from throughout the state, which meets quarterly, or based upon emerging needs.

The Statewide Coordinated Statement of Need (SCSN) Development Committee updated the SCSN during FY2005. Other ad hoc committees will be formed as needed. The Title II Statewide Advisory Council makes decisions based upon the consensus model.

The two HIV care consortia in the state (Pima and Southeastern region) serve as planning bodies for Title II HIV care and services. The Ryan White Title II Care and Services Program empowers each regional HIV care consortium and direct service area to develop, implement, and evaluate its own needs assessment either as a group or via a contractor. This needs assessment activity is a requirement in each regional contract. Historically, Arizona has empowered the care consortia or direct service area to plan and prioritize care services that are specific for each region of the state. Each region varies as to the priority services provided based on each local planning process. However, Arizona continues to place ADAP as the number one priority service provided by Title II funding. Arizona will continue to fund ADAP with Title II funds and a \$1 million contribution from the Arizona State general fund when appropriated.

The FY2006 grant award was received from HRSA in the amount of \$12,732,077, the same amount as last year's award; however ADAP funds were increased while base funds were decreased. Contractors in each region were announced:

- **Pima:** Community Foundation for Southern Arizona (subcontracting with the Southern Arizona AIDS Foundation (SAAF), COPE, and El Rio SIA)
- **Southeastern:** Community Foundation for Southern Arizona (subcontracting with SAAF, Mariposa Community Health Center, and Greenlee County Health Department)
- **Yuma/La Paz counties:**
  - Yuma County Health Department (fee for service contracts with regional providers)
- **Northern** (direct contracts with ADHS):
  - Coconino County Health Department
  - Gila County Health Department
  - Yavapai County Community Health Services
  - Northland Cares
  - North Country Community Health Center
  - Navajo AIDS Network
  - Delta Dental of Arizona
- **Treatment Adherence Contracts:**
  - El Rio Special Immunology Associates
  - McDowell Healthcare Center-Maricopa Integrated Health System
  - University of Arizona-Kino/UPH/UMC
- **The Apothecary Shops of Tucson-**ADAP Vendor Pharmacy
- **Minority AIDS Initiative funds-**Maricopa Integrated Health System-McDowell Healthcare Center

Transportation services are critical funding priorities for all three aforementioned rural regions due to the vast geographical distance between the client's homes and the medical and specialty clinics, and case management offices. Without funding for transportation, there would be a significant barrier to access to care, and significantly decreased health outcomes. Many clients choose to access their services in metropolitan areas such as Phoenix, Tucson and Flagstaff, and without transportation assistance, they would not be able to be seen by the medical provider of their choice or of their required treatment plan. In all regions, all travel reimbursement requires a medical letter, invoice, and voucher to identify the client and verify the medical need to travel for service. Transportation expenses will include out-of town and local travel, rental car vouchers, gas reimbursement, taxi reimbursement; with the regions implementing mileage limits on travel. Meals and lodging will be determined on a case-by case situation and will require a prior travel plan and the approval of the Program Coordinator or Case Managers. In all regions of the state, outpatient medical care and case management are listed as two of the top needed service categories in the needs assessments, to ensure access to care, referrals to HIV specialty providers, and to coordinate Title II services with other health-care delivery systems.

Summary data for Title II services across all Provider Agencies are shown below. Because clients may receive multiple services from multiple agencies, each of which count them as clients, these data will contain duplicated information.

Arizona Ryan White Title II Calendar Year 2005 Summary-**Including ADAP**

<b>Enrollment/Sero Status</b>	<b>HIV+ (Row %)</b>	<b>HIV- (Row %)</b>	<b>Unknown (Row %)</b>	<b>Total (Column %)</b>
<b>Number of Unduplicated Clients</b>	7,054(99.4%)	46(0.6%)	0(0.0%)	7,100(100.0%)
<b>Number of New Clients</b>	1,424(98.5%)	21(1.5%)	0(0.0%)	1,445(20.4%)

<b>HIV Pos./HIV Indeterminate (not AIDS)</b>	2,429(100.0%)			2,429(34.2%)
<b>HIV Pos. (AIDS status Unknown)</b>	2,673(100.0%)			2,673(37.6%)
<b>AIDS</b>	1,952(100.0%)			1,952(27.5%)
<b>HIV Negative</b>		46(100.0%)		46(0.6%)
<b>Unknown</b>		0		0(0.0%)
<b>Total</b>	<b>7,054(99.4%)</b>	<b>46(0.6%)</b>		<b>7,100(100.0%)</b>

<b>Active and New</b>	1,321(99.2%)	10(0.8%)		1,331(18.7%)
<b>Active and Continuing</b>	5,169(99.8%)	8(0.2%)		5177(72.9%)
<b>Deceased</b>	119(100.0%)	0(0.0%)		119(1.7%)
<b>Inactive</b>	442(100.0%)	0(0.0%)		442(6.2%)
<b>Unknown</b>	3(9.7%)	28(90.3%)		31(0.4%)
<b>Total</b>	<b>7,054(99.4%)</b>	<b>46(0.6%)</b>		<b>7,100(100.0%)</b>

<b>Demographic Descriptors</b>	<b>HIV+ (Row %)</b>	<b>HIV- (Row %)</b>	<b>Total (Column %)</b>
<b>Male</b>	5,891(99.6%)	25(0.4%)	5,916(83.3%)
<b>Female</b>	1,144(98.2%)	21(1.8%)	1,165(16.4%)
<b>Transgender</b>	19(100.0%)	0(0.0%)	19(0.3%)
<b>Unknown</b>	0	0	0(0.0%)
<b>Total</b>	<b>7,054(99.4%)</b>	<b>46(0.6%)</b>	<b>7,100(100.0%)</b>

<b>Less than 2</b>	0	0	0(0.0%)
<b>2 - 12</b>	6(60.0%)	4(40.0%)	10(0.1%)
<b>13 - 24</b>	202(96.2%)	8(3.8%)	210(3.0%)
<b>25 - 44</b>	3,965(99.7%)	12(0.3%)	3,977(56.0%)
<b>45 - 64</b>	2,724(99.6%)	10(0.4%)	2,734(38.5%)
<b>65 and Older</b>	154(100.0%)	0(0.0%)	154(2.2%)
<b>Unknown</b>	3(20.0%)	12(80.0%)	15(0.2%)
<b>Total</b>	<b>7,054(99.4%)</b>	<b>46(0.6%)</b>	<b>7,100(100.0%)</b>

<b>Hispanic</b>	2,241(99.3%)	15(0.7%)	2,256(31.8%)
<b>Non-Hispanic</b>	4,813(99.5%)	26(0.5%)	4,839(68.2%)
<b>Unknown</b>	0(0.0%)	5(100.0%)	5(0.1%)
<b>Total</b>	<b>7,054(99.4%)</b>	<b>46(0.6%)</b>	<b>7,100(100.0%)</b>

<b>White</b>	6,077(99.7%)	18(0.3%)	6,095(85.8%)
<b>Black</b>	542(99.1%)	5(0.9%)	547(7.7%)
<b>Asian/Pacific Islander/Native Hawaiian</b>	67(100.0%)	0(0.0%)	67(0.9%)
<b>American Indian/Alaska Native</b>	177(99.4%)	1(0.6%)	178(2.5%)
<b>Multiple Race/Other Race</b>	68(100.0%)	0(0.0%)	68(1.0%)
<b>Unknown</b>	123(84.8%)	22(15.2%)	145(2.1%)
<b>Total</b>	<b>7,054(99.4%)</b>	<b>46(0.6%)</b>	<b>7,100(100.0%)</b>

Arizona Ryan White Title II Calendar Year 2005 Summary-**Including ADAP**

<b>Income/Housing/Insurance</b>	<b>HIV+ (Row %)</b>	<b>HIV- (Row %)</b>	<b>Total (Column %)</b>
<b>&lt;= Federal Poverty Level</b>	2,792(99.3%)	20(0.7%)	2,812(39.6%)
<b>101-200% Federal Poverty Level</b>	2,629(99.7%)	8(0.3%)	2,637(37.1%)
<b>201-300% Federal Poverty Level</b>	952(99.0%)	10(1.0%)	962(13.5%)
<b>&gt; 300% Federal Poverty Level</b>	381(100.0%)	0(0.0%)	381(5.4%)
<b>Unknown</b>	300(97.4%)	8(2.6%)	308(4.3%)
<b>Total</b>	<b>7,054(99.4%)</b>	<b>46(0.6%)</b>	<b>7,100(100.0%)</b>
<b>Permanently Housed</b>	5,193(99.3%)	38(0.7%)	5,231(73.7%)
<b>Non-Permanently Housed</b>	280(98.2%)	5(1.8%)	285(4.0%)
<b>Institution</b>	72(100.0%)	0(0.0%)	72(1.0%)
<b>Other</b>	99(100.0%)	0(0.0%)	99(1.4%)
<b>Unknown</b>	1,410(99.8%)	3(0.2%)	1,413(19.9%)
<b>Total</b>	<b>7,054(99.4%)</b>	<b>46(0.6%)</b>	<b>7,100(100.0%)</b>
<b>Private</b>	547(99.3%)	4(0.7%)	551(7.8%)
<b>Medicare</b>	1,219(99.7%)	4(0.3%)	1,223(17.2%)
<b>Medicaid</b>	1,131(98.3%)	19(1.7%)	1,150(16.2%)
<b>Other Public</b>	280(99.3%)	2(0.7%)	282(4.0%)
<b>No Insurance</b>	3,414(99.8%)	8(0.2%)	3,422(48.2%)
<b>Other</b>	120(96.0%)	5(4.0%)	125(1.8%)
<b>Unknown</b>	343(98.8%)	4(1.2%)	347(4.9%)
<b>Total</b>	<b>7,054(99.4%)</b>	<b>46(0.6%)</b>	<b>7,100(100.0%)</b>